

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 / 570445

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | 1 | | | | | |
| 4 | 1 | | | | | |
| 5 | 1 | | | | | |
| 6 | 1 | | | | | |
| 7 | 1 | | | | | |
| 8 | 1 | | | | | |
| 9 | 1 | | | | | |
| 10 | C | C | | | | |
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| 20 | 1 | | | | | |
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| 28 | 1 | | | | | |
| 29 | 1 | | | | | |
| 30 | 1 | | | | | |
| 31 | 1 | | | | | |
| 32 | 1 | | | | | |
| 33 | 1 | | | | | |
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| 36 | | | | | | |
| 37 | 1 | | | | | |
| 38 | 1 | | | | | |
| 39 | 1 | | | | | |
| 40 | 1 | | | | | |
| 41 | 1 | | | | | |
| 42 | 1 | | | | | |
| 43 | 1 | | | | | |
| 44 | 1 | | | | | |
| 45 | 1 | | | | | |
| 46 | 1 | | | | | |
| 47 | 1 | | | | | |
| 48 | 1 | | | | | |
| 49 | 1 | | | | | |
| 50 | 1 | | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | 5 | | | | | |
| TOTAL DEP. | 43 | | | | | |
| TOTAL CLAIMS | 48 | | | | | |